

NEW RICHMOND AREA OFF LEASH DOG PARK MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____ APPLICATION FEE\$ _____ YEAR 20 _____

(Limit 3 dogs per household)

Additional donation for the development of the Dog Park \$ _____

NAME OF OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: Home: _____ Work: _____

EMAIL ADDRESS (if available): _____

NAME OF DOG(s): _____

COLOR: _____

BREED: _____ SEX: _____

CURRENT DOG LICENSE # (Must have): _____

I AM A RESIDENT OF: _____

Office Use

Date Paid: _____

Witnessed by: _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Acceptance of the terms and conditions of this release and adherence to Off-Leash Area Rules are conditions of permit approval, retention and renewal. Permits may be revoked for noncompliance.

I hereby acknowledge that I voluntarily have applied to participate and use, with my dog(s), Off-Leash Dog Park (OLDP) designated by the City of New Richmond and the New Richmond Park & Recreation Dept.(NRPRD) I understand that the acts of unleashing my dog(s) or being physically present inside an OLDP necessarily involves risks of injury to me, other people, my dog(s) and other dogs, including but not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training, and lack of vaccination. I expressly assume these risks and responsibility for the actions of my dog and myself. I understand that no agent or employee of the City or the NRPRD will supervise the OLDP at any time. I further understand and agree that neither the City nor the NRPRD is liable for any loss, damage, or injury of any kind sustained by any human or dog while using an OLDP. I therefore expressly assume all risks associated with using an OLDP, as well as any fixtures or equipment located therein.

By signing this release of liability and using an OLDP, I hereby fully and forever release and discharge the City and the NRPRD, their employees and agents from any and all claims, demands, damages, or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my intended use of said OLDP premises, facilities, or equipment.

I understand that as a prerequisite to purchasing an OLDP permit, as a resident of the City, I am required to obtain a pet license from the City of New Richmond Clerks Office. As a non-resident, I am required to have my dogs vaccinated for Rabies. By initialing you are stating that your dogs Rabies vaccination is current as mandated by State Statues. _____

I have carefully read this release of liability and understand, agree with and accept its terms and conditions. I also have reviewed a copy of the rules for use of the OLDP and agree to abide by these rules.

Signature

Date

Please complete application, return with payment, payable to the City of New Richmond and mail to:

Park Department – Dog Park Application

City of New Richmond

156 East First Street

New Richmond, WI 54017